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From the Editor

Responding to Disaster: Balancing the Risks of Doing Nothing or Doing Harm

David Reitman, *Nova Southeastern University*

In the months following the tragic events of Hurricane Katrina in August of 2005, we asked ABCT members to offer their perspectives on the event and how to best respond to similar events in the future. We now share several accounts of the tragedy with our readers. Further, we hope that you will contribute your reactions to this issue in the Behavior Therapist *in the months to come. Readers will note an absence of contributions to this issue from ABCT members located in the immediate New Orleans area. Of course, recovery efforts are primary at this time, but we hope to hear about and learn from their experiences in future issues of* tBT. *In the interim, we offer best wishes to our friends and family in those areas as they continue to rebuild their lives, livelihoods, and communities.*

Life is risk. Whether we are aware of it or not, the small challenges of each day present us with opportunities. For many of us, these opportunities pass without much fanfare and the costs of inaction are limited. However, when disasters occur, the action or inaction of individuals, including researchers and the organizations they represent, are magnified substantially. One way or another, the contributors to this issue of *the Behavior Therapist* are struggling with how we ought to respond to catastrophic events such as hurricanes, though the issues are broadly applicable to other disasters. Particularly salient to members of ABCT is how to respond in a way that is empirically and ethically defensible (see Dreer's account of the work of Jennifer Cheavens, in Media Spotlight, p. 116). Certainly, moving from small-scale, laboratory- or clinic-based demonstration projects to large-scale prevention or intervention projects offers significant risk of failure. The present discussion considers the relative merits of doing nothing or doing harm.

One thing is clear. The impact of a failure to respond is unlikely to be neutral. I learned a relevant lesson years ago while a resident at the University of Mississippi Medical Center. My supervisor at the time, Ron Drabman, frequently made himself available to the media, which surprised me since I had formed the opinion that interaction with the media should be avoided, lest one be misquoted, misunderstood, or exploited. Ron's view was essentially this: It was better that an empirically oriented practitioner speak to the media (with all the risks entailed) than to allow less informed and potentially less-than-ethical persons to gain media access. The fundamental issue is that to bring clinical science to the public (especially during times of crisis), the power of nonacademic communication outlets must be maximized (see Tumlin, 2006, for examples of how to do so). Politicians and government officials read newpapers, surf the Internet, listen to the radio, and watch the news. Alas, they don't read *Behavior Therapy* or *Cognitive and Behavioral Practice*. Much as I might wish it, they don't read *the Behavior Therapist* either.

So, how do we approach the problem of facilitating the dissemination of empirically informed/based interventions? Let's consider the context of the aftermath of major natural disaster such as a hurricane: community leaders and government officials turn to organizations known to have the capacity to help, such as the Red Cross. It is sometimes said, cynically, that public officials "don't care" about effectiveness. It may be more accurate to say that most public officials do not have the luxury of determining what the most effective response is likely to be in a time of crisis. Instead, politicians appear to act on the assumption that the public will expect "action," and days spent researching the most effective way to respond to a disaster are, in their view, likely to invite criticism of their leadership and/or an indictment of their decision-making skills. Most importantly, as illustrated poignantly by Schumacher, Coffey, Elkin, and Norquist (2006), in times of crisis, evidence of effectiveness is not synonymous with trust and credibility. To address the aforementioned concerns, ABCT members and other clinical scientists must not only respond to catastrophic events, we must also respond in advance of them, anticipating needs and developing important relationships that can be leveraged into action when the need arises (see Allen, Saltzman, Brymer, Oshri, & Silverman, 2006; Schumacher et al., 2006). It should be noted that, certainly in Florida, and increasingly in the nation as a whole, important government functions (broadly inclusive of local, state, and federal agencies), including mental health services, are being "privatized." Privatization represents a prime opportunity for advocates of science-based mental health to influence how public funds earmarked for mental health are utilized. Unfortunately, these opportunities are also likely to be exploited by proponents of pseudoscience or other untested approaches.

In contrast to the activist position outlined above, Lohr, Devilly, Lillienfeld, and Olatunji (2006) urge caution to practitioners seeking to respond to disaster and trauma, pointing out the risks associated with misguided treatment efforts that do more harm than good. While no one should doubt that people may be harmed by the actions of psychologists or other mental health professionals, serious political (and ultimately economic) harm may come to universities and hospitals that fail to respond to such events. In such cases, the mere appearance of "helping," even in the absence of data, is regarded as important and worthwhile. Indeed, when Hurricane Wilma followed Katrina, members of South Florida faculties in psychology and mental health professions were called to provide counseling to persons displaced by the storm. Deserved or not, such efforts appear to cultivate goodwill with the public and the community. Once trust is gained, it is up to the professional to deliver a service that meets the highest standards possible (under the circumstances) and to improve them over time. However, it also seems likely that failure to respond would be met with criticism, however justifiable our reticence to respond might seem from an empirical perspective. More importantly, our refusal to offer a solution makes it more likely that public health officials will turn to others in an effort to meet their constituents' needs. A "middle-ground" approach appears to be offered by Allen et al. (2006), who have developed an empirically informed approach that awaits further validation. What distinguishes the efforts of the behavioral scientists featured in this issue from the "junk science" or "pseudoscience" approaches described by Lohr et al. (2006) is an effort to obtain data that would permit an evaluation of the intervention to ascertain its merit (or lack thereof). A more complete discussion of the ethics of research conducted in the wake of a natural disaster

can be found in Del Ben, McLeish, and Elkin (2006). Interestingly, recent newspaper accounts of fraud associated with expenditures by FEMA and public demands for accountability may signal an important opportunity for ABCT and other scientifically grounded helping professionals to argue the merits of empirically supported interventions. Let's not waste it.

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News and Notes | MEDIA SPOTLIGHT

ABCT Member Jennifer S. Cheavens Featured on CNN's *American Morning*

Laura E. Dreer, *University of Alabama at Birmingham*

ABCT member Jennifer Cheavens was featured on CNN's *American Morning* on September 27, 2005. The CNN segment highlighted various recovery efforts following the aftermath of Hurricane Katrina. Dr. Cheavens is currently an assistant clinical faculty member at Duke University Medical Center with a specialization in applying positive psychology constructs to treatment outcome research. Thus, it was not surprising that she responded to one of the worst natural disasters in U.S. history by serving as a Red Cross volunteer. Dr. Cheavens volunteered for 2 weeks in the Gulfport, Mississippi, area and attended to the psychological needs of those individuals personally affected by the hurricane, along with emergency personnel and volunteer workers who were also in the area providing assistance with the recovery efforts. A transcript of the interview can be accessed from http://transcripts.cnn.com/TRANSCRIPTS/0509/27/ltm.01.html

In the CNN segment featuring Dr. Cheavens, she discussed the different types of reactions that individuals commonly experience following a natural disaster. Dr. Cheavens educated viewers about the immediate psychological reactions as well as the long-term implications on adjustment. Consistent with her research in positive psychology, she also described the resiliency, strength, and determination that often emerge in individuals as a result of experiencing disaster. She reminded viewers that individual differences in emotional responses are large and that even wide fluctuations from day to day may be "normal." However, Dr. Cheavens also advised that individuals that continue to experience distress should consult with a mental health professional. Dr. Cheavens proceeded to briefly discuss how she had been helping those affected by the hurricane meet their most immediate needs.

Overall, this segment did a nice job of highlighting the work of an ABCT member taking on the challenge of serving those who were suffering in the aftermath of Hurricane Katrina, which will be remembered as one of our nation's worst natural disasters. With little notice or preparation as to what to expect, Dr. Cheavens responded quickly and helped those who were in great need. Her research program, which focuses on the role of hope theory and the positive mechanisms of change in CBT, can be traced back to her training with one of the pioneers in positive psychology, C. R. Snyder (Cheavens, Feldman, Gum, Michael, & Snyder, in press; Cheavens & Gum, 2000; Irving, Snyder, & Cheavens, 2004; Snyder & Cheavens, 2000; Snyder, Cheavens, & Michael, 2005; Snyder et al., 2000). Specifically, Cheavens, Snyder, and colleagues have published several innovative papers discussing and empirically examining the role of a two-component model of hope. According to the model, hope is defined as the perceived capability to (a) derive pathways or routes to desired goals, and (b) to initiate and sustain movement along those pathways, agency. Thus, the overall aim of interventions using this model is to assist individuals with examining goal impediments and how they can use pathways to negotiate obstacles to traditional or previously expected goals and cope with goal loss. Additionally, an emphasis is placed on learning new strategies toward "agentic thought" to accept changes and modify goals. This line of research focuses on human strengths and offers a potentially valuable way for understanding and developing interventions aimed at promoting successful adjustment for individuals whose goals and lives have been drastically altered as a result of disasters such as hurricanes.

In light of the large number of persons who suffered and continue to struggle in the aftermath of Hurricane Katrina, ABCT members are encouraged to volunteer and become more involved with continuing relief efforts. ABCT members should consider actively working with organizations such as the Red Cross and the American Psychological Association. ABCT members should also seek to become involved in government efforts to prepare for future disasters, contribute to disaster prevention and